WTC/WTU/MEDCOM Services for TBI & PTSD

Overview

Army Behavioral Health Summary

- Army MEDCOM is working hard to meet increased BH demands.

- The Army Comprehensive Behavioral Health System of Care Campaign Plan (CBHSOC-CP) is the primary effort to standardize & synchronize current behavioral health practices across the Army enterprise

Psychological Effects of War

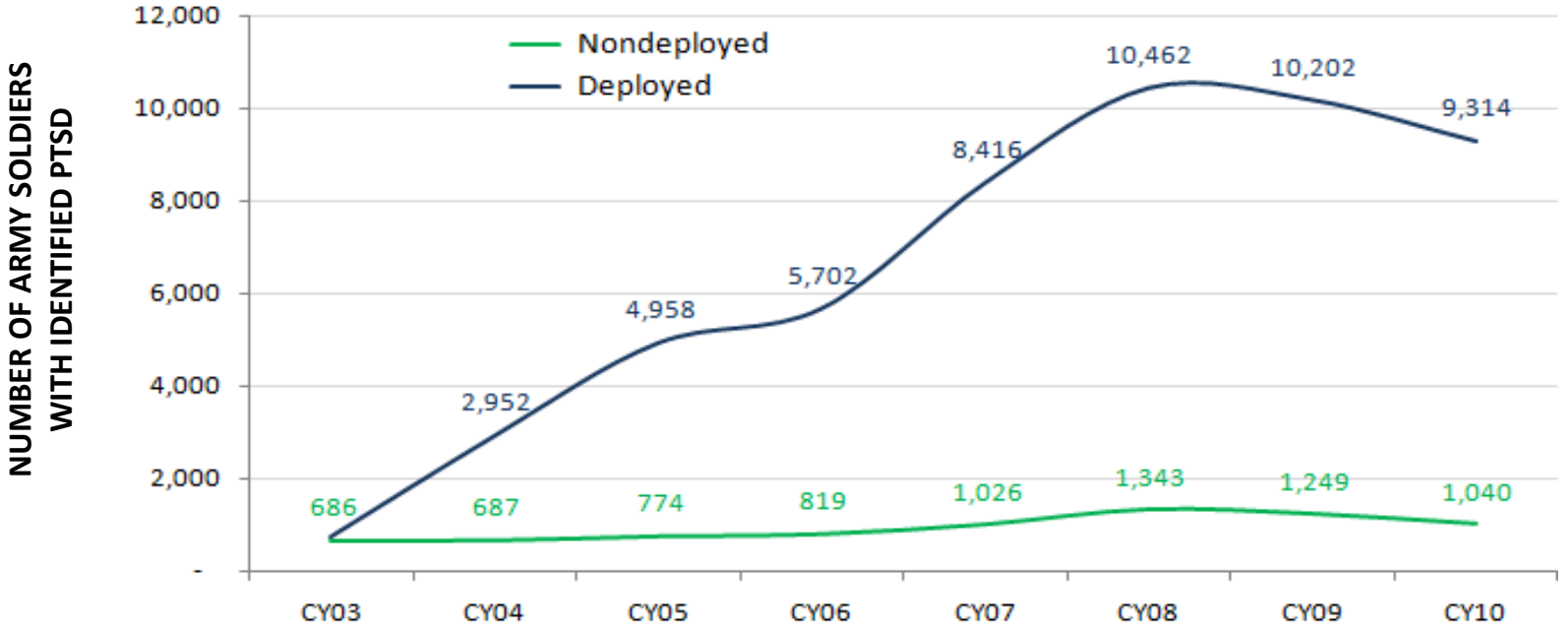
- Over 60,000 diagnosed* cases of PTSD since 2003 until JAN11
  - Deployed = 52,692; Non-Deployed=7624; * defined as either two (2) outpatient encounters on different days with ICD9 diagnostic code of 309.81; OR inpatient encounter with ICD9 diagnostic code of 309.81. Incidence date is earliest encounter with diagnosis of PTSD (309.81).
- Many other psychological & physical effects of war:
  - Depression
  - Substance abuse
  - Grief
  - Pain
- Numerous new & enhanced programs:
  - Master Resiliency Training; Respect-Mil; Care Provider Support Program; Warrior Adventure Quest
  - Significant increase in # of BH Providers
  - More PTSD screening 'touch points' throughout ARFORGEN
- Continued challenges:
  - Access to care (improving)
  - Stigma
  - Suicide
  - Provision of care in the rural areas

BH Services in WTU

- Over 200 independently licensed clinical social workers (LCSWs) embedded in WTU
- Risk assessment within 24 hours (ongoing, intervals based upon risk assigned); entered into WTU Comprehensive Transition Plan (CTP) for commander awareness
- Comprehensive BH assessment within 72 hours (includes PTSD & TBI screen)
- BH care management using automated system PBH-TERM
- Collaborative care: CSWs attend Triad meetings
- Crisis Intervention/Brief Solution-Focused Therapy
- Family support for BH issues (education, advocacy, caregiver support)
- Cadre support & training on BH matters

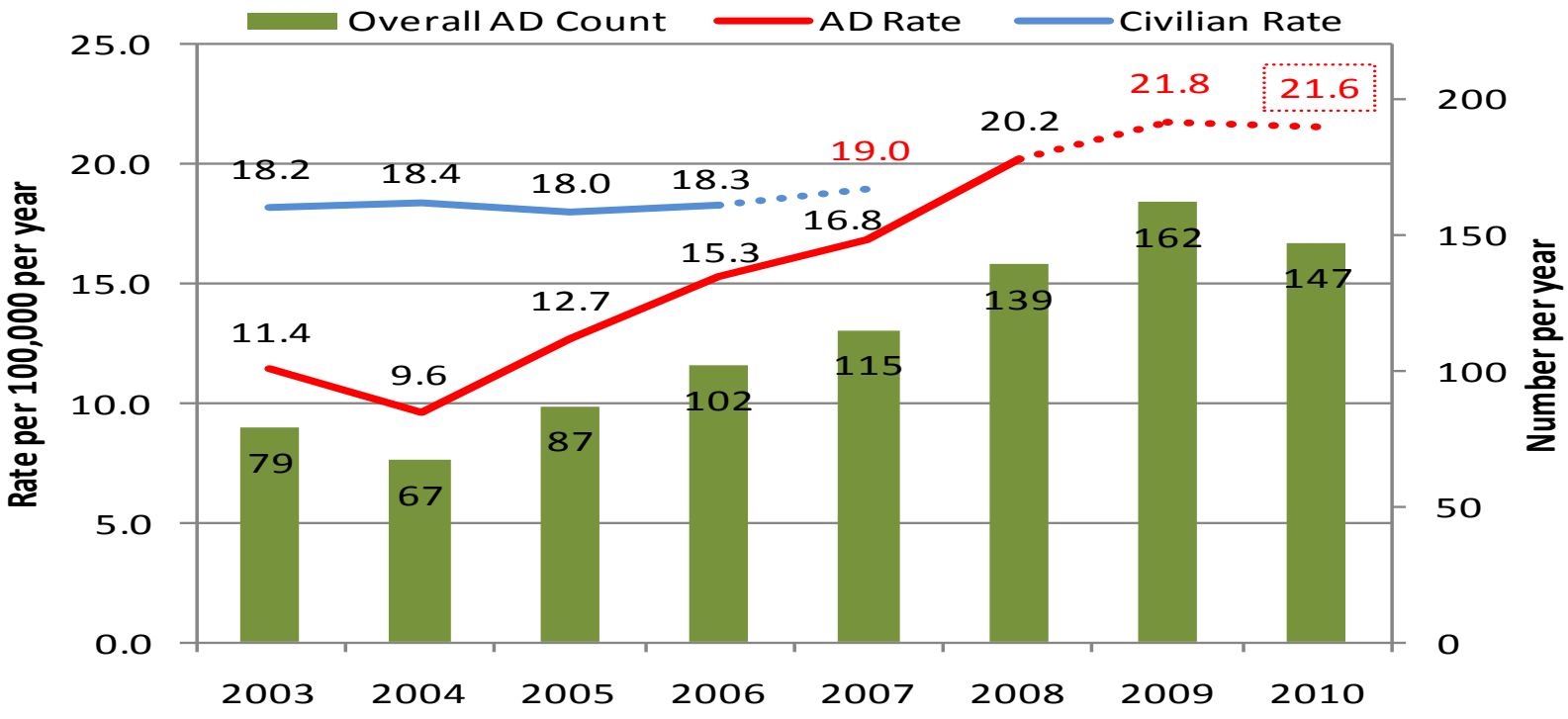
POST-TRAUMATIC STRESS DISORDER
Number of Newly Identified Cases, Army Deployed (OIF/OND/OEF Soldiers) & Non-Deployed

- PTSD case defined as either two (2) outpatient encounters on different days with ICD9 diagnostic code of 309.81; OR inpatient encounter with ICD9 diagnostic code of 309.81. Incidence date is earliest encounter with diagnosis of PTSD (309.81).
- Deployment to OEF/OND/OIF lasting longer than 30 days, beginning prior to incident PTSD diagnosis.



We expect the number of new cases in CY11 to be related to the number of exposed troops, the number of deployments, & the overall exposure to combat.

Army Active Duty Suicide Deaths



* = Preliminary Civilian Rate NOT CDC OFFICIAL (as of 10 June 2010 update)
**= Initial Armed Forces Medical Examiner rate NOT DoD OFFICAL
Civilian Rate is age & gender adjusted
***= HP&RR TF Estimated NOT ARMY OFFICAL and is based on an Active Duty Army strength of **721,229** (as of 7 Dec 10)

Comparisons

Army

- 5.9% of Soldiers have BH diagnosis (MSMR)
  - PTSD: 3.4%
  - Depression: 6.6%
  - Bipolar Disorder: 0.4%
  - Alcohol Dependence: 2.3%
  - Substance Dependence: 0.4%

U.S. Population

- 26.2% of adults have Mental illness each year (NIMH)
  - Anxiety: 18.1%
  - PTSD: 3.5%
  - Depression: 6.7%

Medication Use Comparisons

U.S. Army	WT Population	U.S. (Age 20-59)
31.2% Any medication	**77.5% Any medication**	**48.5% Any medication**
0.4% combination (sleep, psychotropic*, narcotics)	9.0% combination (sleep, psychotropic*, narcotics)	19.6% use of one drug
6.8% narcotics	34.6% narcotics	11.4% use of two drugs
3.8% Antidepressants	**31.7% Antidepressants**	9.4% use 3-4 drugs
2.1% sleep medications	17.5% sleep medications	7.9% use 5 or more drugs
1.0% anti-anxiety	17.9% anti-seizure	8.4% Cholesterol lowering drugs
1.0% anti-seizure	10.3% anti-psychotic	10.1 % Analgesics (pain relief)
0.5% anti-psychotic	8.2% anti-anxiety	**10.8% Antidepressants**
0.02% fentanyl patch	0.8% fentanyl patch	

Comprehensive Behavioral Health System of Care Campaign Plan (CBHSOC-CP)

- Vision
  - A nationally-commended, comprehensive, & integrated behavioral health system that fosters optimal physical, emotional, & spiritual wellness
- Mission
  - Deliver coordinated care to meet the physical, emotional, & spiritual needs of our Soldiers & Families through effective education, prevention, diagnosis, intervention, treatment, documentation, & follow-up

Comprehensive Behavioral Health System of Care Campaign Plan (CBHSOC-CP)

- Work Groups (WGs) identify needs, ways, & means to operationalize & institutionalize CBHSOC-CP tasks
- 14 WGs total (including critical & supportive)
- All parts of the CBHSOC-CP effort require:
  - Development of standardized screening instruments across ARFORGEN
  - Standardization of enterprise-wide BH data system
  - Tele-BH system support (scheduling & connectivity across RMCs)

Comprehensive Behavioral Health System of Care Campaign Plan (CBHSOC-CP)

- Continuous program evaluation using standardized “metrics” to:
  - Chart progress in 3 major domains – outcomes/compliance/ resourcing
  - Identify & implement evidence-based best practices
  - Identify & eliminate redundancy
  - Inform MEDCOM leadership of clinical programs meriting consideration of enterprise-wide proliferation
- Reserve Component’s full program integration
- Synchronization with parallel efforts
- STRATCOM

AMERICA'S ARMY:
THE STRENGTH OF THE NATION

Comprehensive Behavioral Health System of Care

Army G-3/5/7

2 hr fundamental resiliency skills- "check and adjust" responses to stressful events

12 hr resiliency skills- 7 thinking skills, character strengths, active constructive responding, communication, optimism.

PTS-T 104**

2 hr leader principles- mitigating impact of operations on unit resilience & adapting skills for operations

1 hr senior leader principles- develop resiliency in subordinate leaders during operations

BCT → AIT → WLC → ALC → SLC → SMC → PCC

PTS-T 104**

PTS-T 104**

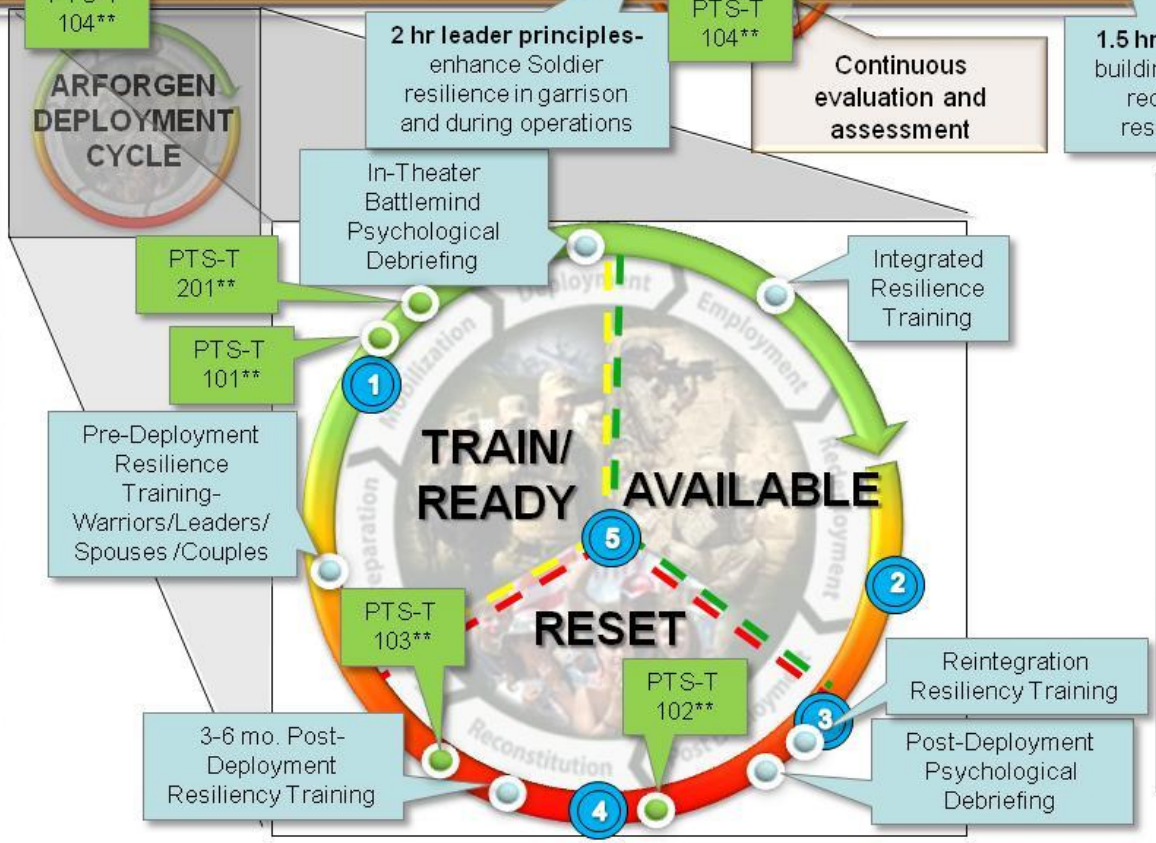
2 hr leader principles- enhance Soldier resilience in garrison and during operations

Continuous evaluation and assessment

1.5 hr organizational strategies- building resilient organizations and reducing stigma & reviewing research on behavioral health

ENABLING PROGRAMS ACROSS SOLDIER LIFECYCLE/ARFORGEN

- Embedded Behavioral Health (eBH)
- Tele-Behavioral Health
- Behavioral Health IT Platform
- Child, Adolescent, and Family Assistance Center (CAFAC)
- Behavioral Health in Primary Care
- School Behavioral Health (SBH)
- Specialty Behavioral Health Care



LEGEND

- Resiliency training (CSF)
- Post Traumatic Stress Training**
- Screening and intervention touch-point
- 1 Pre-Deployment Health Assessment
- 2 In-Theater Assessment
- 3 Post-Deployment Health Assessment (PDHA)
- 4 Post-Deployment Health Re-Assessment (PDHRA)
- 5 Periodic Health Assessment (PHA)

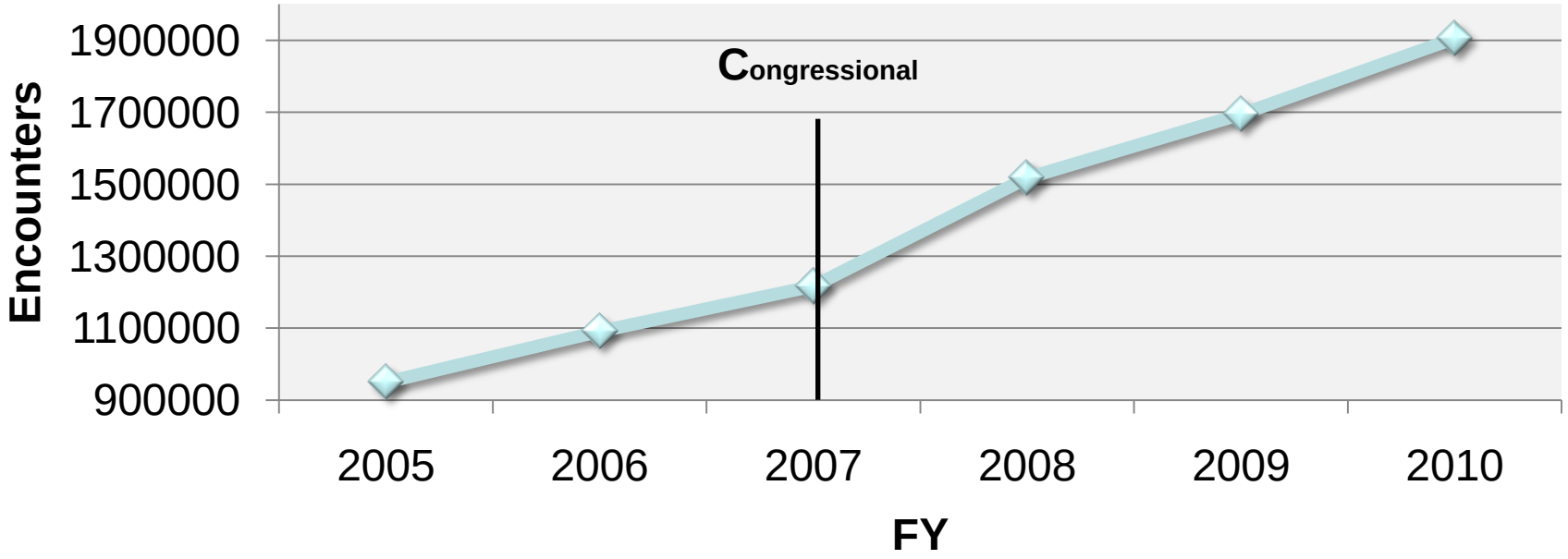
**-Proposed training module

Measures of Effectiveness

- The Public Health Assessment Program (PHAP), within the US Army Institute of Public Health (AIPH) assesses the outcomes of the CBHSOC-CP because of its capability to provide external, independent evaluation expertise.
  - Global assessment
    - Monitoring CBHSOC-CP implementation & capturing Army-wide outcomes through a centrally managed web-based dashboard
  - Targeted program evaluation
    - Effectiveness of the individual programs & policies

Increased Utilization of the Army Behavioral Health System

Behavioral Health Encounters for FY05-FY10



• Patient contacts (encounters) have approximately doubled since FY 2005, with the most significant one year gain in FY 2007.

Quality of Care

- Ensure that Soldiers & their Families receive the best possible care.
- The CBHSOC iterates through FRAGOs, standardized practice guidelines that endorse DoD/VA clinical practice guidelines & are evidence-based.
- Evidence-Based Practice & data-driven care.
  - DoD/VA PTSD Clinical Practice Guidelines
  - the Army's PTSD Training Program, which has the capacity to annually train & provide consultation to 720 BH providers.
- Recent study shows that >90% of Soldiers receiving treatment for PTSD or depression are receiving evidence-based treatment.

Screening & Surveillance

- Promote the use of consistent & effective assessment practices along with systematic review of systems & events that further inform the utilization of effective interventions & best practices in the support of the Army inventory.
- Programs:
  - Mental Health Advisory Teams (MHATs).
  - Post-Deployment Health Assessment & Re-Assessment (PDHA/PDHRA).
  - Behavioral Health & Social Outcomes Program (BHSOP).
  - RAND studies: Family Assessment Program (3 year review).
  - National Center for Mental Health (NIMH): 5 year study.
  - Soldier Evaluation for Life Fitness (SELF).

Resilience

- Focuses on the full continuum of psychological health to produce psychologically stronger individuals who are more resistant to the stresses of deployment &combat.
- Programs:
  - Comprehensive Soldier Fitness (CSF).
  - Army's Campaign Plan for Health Promotion, Risk Reduction & Suicide Prevention (ACPHP).
  - Care Provider Support Program (CPSP).
  - PH School Programs.
  - Warrior Resiliency Program & Community Resilience Program.

Areas of Concern

- Key Areas of concern are:
  - Stigma related to BH care.
  - High OPTEMPO for Soldiers & providers.
  - Continued high rates of suicide in the Army.

Behavioral Health: Way Ahead

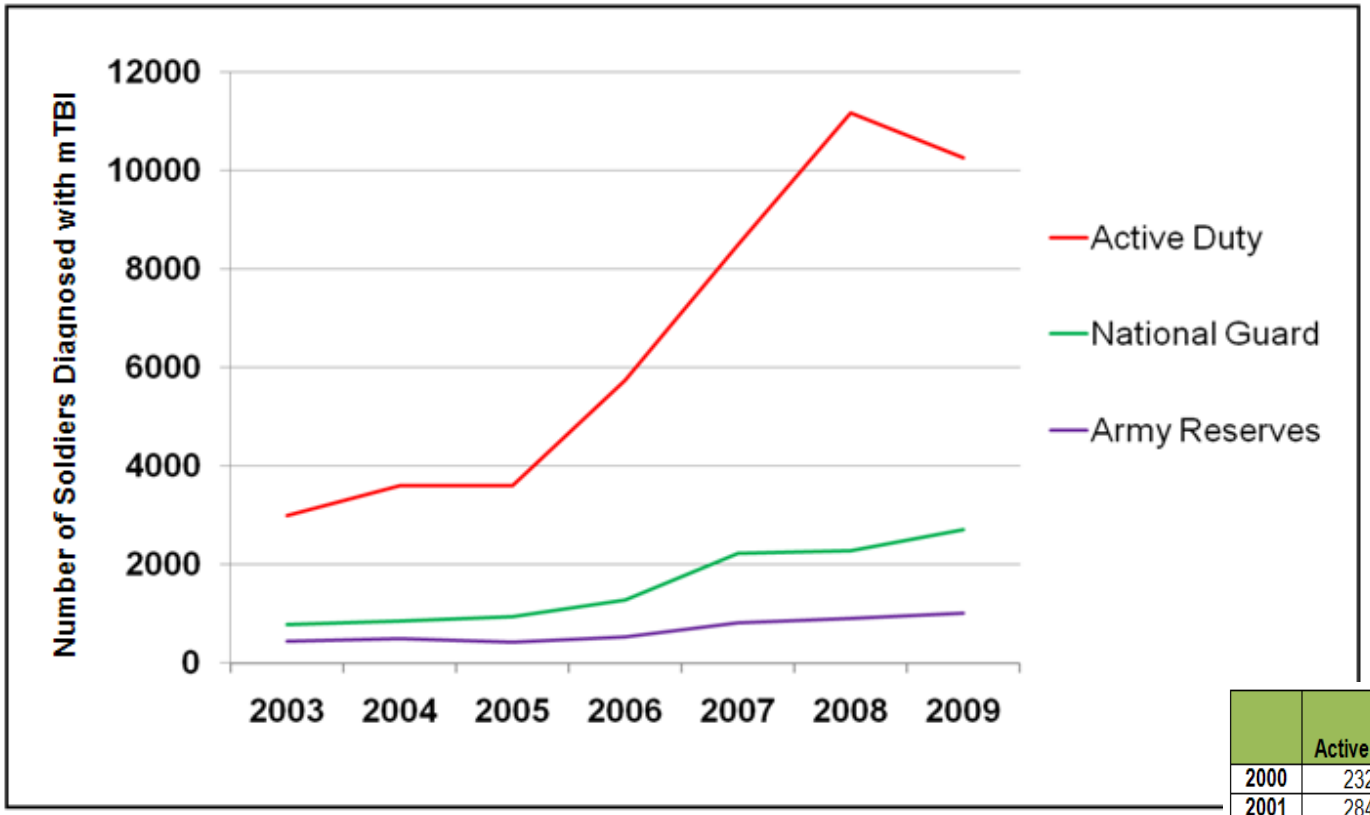
- Army PH spend plan:
  - The Army continues to implement the over 45 initiatives under the categories of access to care, resiliency, quality of care, & surveillance.
  - Funding: Obligated $168M in FY10, FY11 requirements ~$193M.
- Focus on Operation Enduring Freedom (OEF):
  - MHAT VIII (Joint Effort).
- Tele-Behavioral Health:
  - Expanding current efforts in garrison & theaters.
- Automated Behavioral Health Clinic.
- Operational Behavioral Health Assets:
  - Increase of ~400 providers into AC (BCTs, Support / Sustainment BDEs, 2012 – 2017).
  - Total increase of ~1,033 across all Compos.

TBI Slides for WTC/WTU MEDCOM

Traumatic Brain Injury (TBI)

- Over 110,000 diagnosed cases of TBI in the Army (all compos) since 2000
  - TBI Injury Severity: 83,600 (mild);17,400 (moderate); 3100 (severe/penetrating)
- Effects of TBI:
  - Impaired memory, concentration, reaction time
  - Symptoms may include headaches, sleep disturbances
  - Balance or vision problems
- Army TBI Program:
  - TBI treatment teams are in place throughout the continuum of care
  - June 2010 policy (DTM 09-033) addresses TBI management in theater
    - Medical evaluation required following a mandatory event (such as a blast, etc.)
    - “Educate, train, treat, track” strategy
- Challenges & Future Initiatives:
  - Improve Soldier and Leader education
  - Ensure those who sustain a TBI receive prompt medical care
  - Develop policy to address garrison TBI management

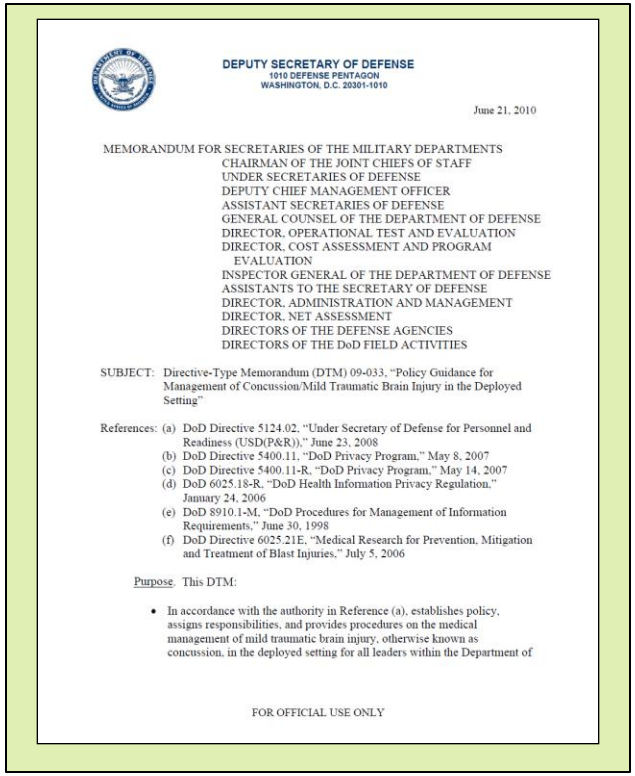
Incidence of mTBI



	Active Duty	National Guard	Army Reserves	Total
2000	2327	292	135	2754
2001	2847	352	202	3401
2002	3029	502	236	3767
2003	2998	779	451	4228
2004	3609	853	492	4954
2005	3606	943	430	4979
2006	5754	1276	538	7568
2007	8502	2237	826	11,565
2008	11,175	2280	906	14,361
2009	10,262	2711	1011	13,984
2010*	11,788	2607	1078	12,083
Totals	65,897	14832	6305	83,644

Implementation of mTBI/Concussive Injury Protocols

Directive-Type Memorandum: 09-033



DEPUTY SECRETARY OF DEFENSE
1010 DEFENSE PENTAGON
WASHINGTON, D.C. 20301-1010

June 21, 2010

MEMORANDUM FOR SECRETARIES OF THE MILITARY DEPARTMENTS
CHAIRMAN OF THE JOINT CHIEFS OF STAFF
UNDER SECRETARIES OF DEFENSE
DEPUTY CHIEF MANAGEMENT OFFICER
ASSISTANT SECRETARIES OF DEFENSE
GENERAL COUNSEL OF THE DEPARTMENT OF DEFENSE
DIRECTOR, OPERATIONAL TEST AND EVALUATION
DIRECTOR, COST ASSESSMENT AND PROGRAM EVALUATION
INSPECTOR GENERAL OF THE DEPARTMENT OF DEFENSE
ASSISTANTS TO THE SECRETARY OF DEFENSE
DIRECTOR, ADMINISTRATION AND MANAGEMENT
DIRECTOR, NET ASSESSMENT
DIRECTORS OF THE DEFENSE AGENCIES
DIRECTORS OF THE DoD FIELD ACTIVITIES

SUBJECT: Directive-Type Memorandum (DTM) 09-033, "Policy Guidance for Management of Concussion/Mild Traumatic Brain Injury in the Deployed Setting"

References: (a) DoD Directive 5124.02, "Under Secretary of Defense for Personnel and Readiness (USD(P&R))," June 23, 2008
(b) DoD Directive 5400.11, "DoD Privacy Program," May 8, 2007
(c) DoD Directive 5400.11-R, "DoD Privacy Program," May 14, 2007
(d) DoD 6025.18-R, "DoD Health Information Privacy Regulation," January 24, 2006
(e) DoD 8910.1-M, "DoD Procedures for Management of Information Requirements," June 30, 1998
(f) DoD Directive 6025.21E, "Medical Research for Prevention, Mitigation and Treatment of Blast Injuries," July 5, 2006

Purpose. This DTM:

- In accordance with the authority in Reference (a), establishes policy, assigns responsibilities, and provides procedures on the medical management of mild traumatic brain injury, otherwise known as concussion, in the deployed setting for all leaders within the Department of

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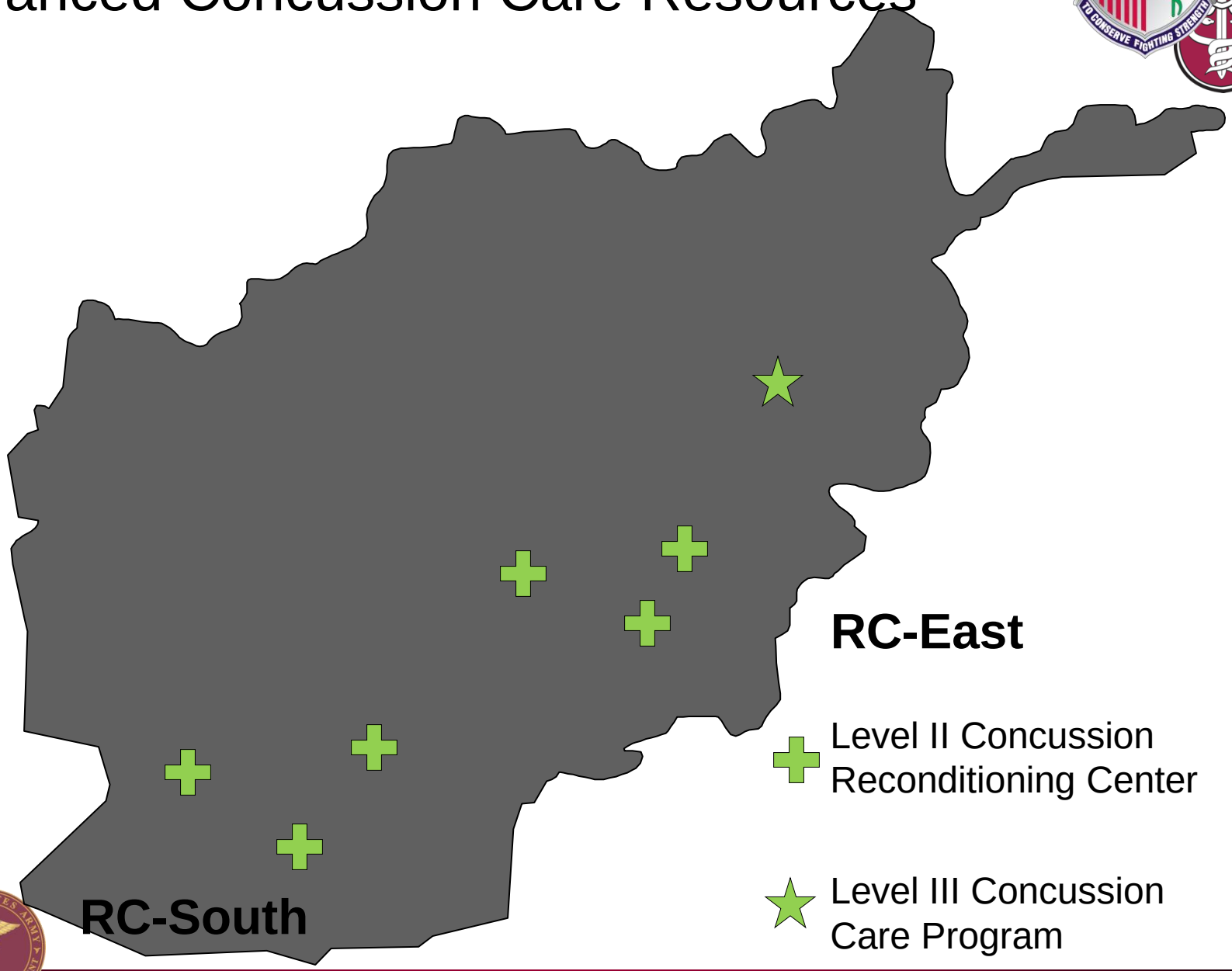
- Goal:
  - Ensure early concussion identification & treatment for deployed Soldiers
- Methods:
  - Policy & algorithms require mandatory medical evaluation & rest for Soldiers involved in events associated with concussion
- Algorithms guide care:
  - Combat Medic/Corpsman Triage
  - Initial Provider Management
  - Comprehensive Concussion (Level III)
  - Recurrent Concussion (3 in past 12 months)

Implementation of mTBI/Concussive Injury Protocols

- CENTCOM issued 2 FRAGOs outlining policy requirements, including operational, medical, & reporting responsibilities
- OTSG's Rehabilitation & Reintegration Division (R2D) developed TBI training modules available on MHS Learn & DVD.
- Integrated TBI/MACE training into BCT3 for deploying Medics
- mTBI Role II & Role III facilities stood up in RC-E & RC-S
- In collaboration with DVBIC, developed & disseminated DTM & MACE pocket cards; TBI coding fact sheets
- Developed & implemented a tracking mechanism (BECIR module of CIDNE)

Advanced Concussion Care Resources



Questions/Discussion/Guidance

15 MIN BREAK

Followed By

Integrated Disability Evaluation System